

Business Paperless Telefiling System
Worksheet
New Jersey Motor Vehicle Tire Fee
(Form TIR-100 Quarterly Return)

TO FILE BY PHONE:

Step 1 — Fill in the Worksheet.

Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at **1-877-829-2866**.

Step 3 — Choose "4" from the menu for the Motor Vehicle Tire Fee Filing System.

Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number - - /

PIN/Business Name

Contact Phone Number - -

Tax Preparer's Identification Number (if applicable)

RETURN PERIOD

Quarter

1 – JAN, FEB, MAR
2 – APR, MAY, JUNE

3 – JULY, AUG, SEPT
4 – OCT, NOV, DEC

Year

RETURN INFORMATION

Provided by Filer

Provided by Phone System

- | | | |
|---|-------------------------|----------------------|
| 1. Total number of new tires sold during the quarter | <input type="text"/> | |
| 2. Number of new tires sold which are exempt from the fee ... | <input type="text"/> | |
| 3. Number of tires sold during the quarter which are subject to the fee | | <input type="text"/> |
| 4. Motor vehicle tire fee due (\$1.50 per tire subject to the fee) | \$ <input type="text"/> | <input type="text"/> |
| 5. Penalty and interest | \$ <input type="text"/> | <input type="text"/> |
| 6. Total amount due | \$ <input type="text"/> | <input type="text"/> |

PAYMENT INFORMATION

To pay by electronic check (e-check) enter:

Bank Routing Number

Account Number

Type of Account

1 – Checking
 2 – Savings

Payment Debit Date

/ /

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number

T

Payment Confirmation Number
(if payment is made separately)

T

Date / /

Date / /

Signed by: _____

Signed by: _____

Do not mail this worksheet – Keep it for your records
WORKSHEET MAY BE REPRODUCED
(Also available at: www.state.nj.us/treasury/taxation/)